DOCUMENT RESUME

ED 372 333 CG 025 635

AUTHOR Fiorentino, Nancy; Reilly, Phyllis
TITLE Facts on Mentally Ill Chemical Abusers. Clearinghouse Fact Sheet.
INSTITUTION Rutgers, The State Univ., Piscataway, NJ. Center of Alcohol Studies.
PUB DATE 92
NOTE 4p.; The New Jersey Alcohol/Drug Abuse Resource Center and Clearinghouse serves institutions of higher education, state agencies, communities, and school districts throughout the state of New Jersey by providing technical assistance, training, and resources in alcohol and other drug abuse education and prevention. Clearinghouse fact sheets may be reproduced for educational use.
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Drug Abuse; Drug Addiction; Mental Disorders; Psychiatric Services; Psychopathology; *Psychosis; Psychotherapy; *Substance Abuse; Therapy

ABSTRACT

Individuals are considered mentally ill chemical abusers (MICAs) when they exhibit psychotic behaviors and are actively abusing alcohol and/or drugs; are actively psychotic with a history of alcohol or drug abuse; and/or are actively abusing alcohol or other drugs and have a history of severe psychiatric diagnoses. Although some practitioners use different diagnostic labels, MICAs present a clear constellation of behaviors, symptoms, and risk factors, and require specific treatment technologies. Mental health and chemical dependency practitioners noted a rise in the number of MICA clients during the last ten years due to a number of contributing factors, such as the exodus of persons from state hospitals to community care. In the past, treatment for these individuals was hampered by conflicting or uncoordinated treatment programs, misdiagnosis, damaging myths about MICAs, and failure to distinguish between psychiatric disability and chemical dependency. Today, a treatment protocol for the MICA client is emerging and practitioners now agree on a number of treatment strategies: (1) both illnesses must be treated concomitantly; (2) the illness given priority is the one most florid at the time of admission; (3) the psychiatric illness must be controlled to deal with the active chemical dependency; and (4) chemical dependency must be stabilized to treat the psychiatric illness. (RJM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 372 333

FACTS ON MENTALLY ILL CHEMICAL ABUSERS

by Nancy Fiorentino & Phyllis Reilly

BEST COPY AVAILABLE

CG025635

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J. S. Battle

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

New Jersey Alcohol / Drug
RESOURCE CENTER AND CLEARINGHOUSE
Center of Alcohol Studies, Rutgers University

FACTS ON MENTALLY ILL CHEMICAL ABUSERS

Nancy Fiorentino, M.S.W. & Phyllis Reilly, M.A., CADC

The New Jersey Division of Mental Health and Hospitals defines mentally ill chemical abusers (MICAs) as persons with diagnoses of severe mental illness and chemical dependence. Specifically, an individual is considered MICA when psychotic and actively abusing alcohol and/or drugs, actively psychotic with a history of alcohol or drug abuse, and/or actively abusing alcohol or other drugs with a history of severe psychiatric diagnoses. MICAs are most likely to be unemployed young adult males between the ages of 18 and 35. However, persons of other ages and either gender may be MICA.

Persons suffering from concomitant illnesses of psychiatric disability and chemical dependency have been variously referred to throughout the United States as SAMI (Substance Abusing Mentally Ill), Dual Diagnosed, SEICA (Seriously Emotionally Impaired Chemical Abusers), and PICA (Psychiatrically Impaired Chemical Abusers). Whatever term is used to describe persons who are suffering from a dual diagnosis, MICAs present a clear constellation of behaviors, symptoms, and risk factors and require specific treatment technologies.

Psychiatric disability is more common among addicted persons than in the general population. Addiction is more common among psychiatrically disabled persons than among the general population. Both illnesses may be in an acute stage simultaneously, or one may be in remission while the other is active, or both may be in remission.

In the general population, about 13% have experienced alcohol abuse or dependence at some time during their lives, and about half of this group also has had a psychiatric diagnosis. Diagnosis of alcohol dependence is five times more prevalent among men than among women. However, the association of alcoholism with other psychiatric diagnoses is more prevalent in women. Sixty-five percent of female alcoholics have a second diagnosis compared with 44% of male alcoholics. Of 1.4 million persons treated for alcoholism in 1987, two-thirds had a current psychiatric disorder in addition to substance abuse.

In 1989 MICA clients in New Jersey comprised approximately 30% of state and county hospital admissions and 17% of community program admissions. Of these admissions, about 20% of all mental health service clients had alcohol problems; about 9% had problems with drugs. In contrast, about 5% of mental health service clients in the general population have alcohol problems and 2% have drug problems. Between 1984 and 1989, the proportion of MICA clients rose by 7% in community programs and 4% in hospitals.

Mental health and chemical dependency practitioners have noted a rise in the number of MICA clients during the last ten years. Contributing factors are the exodus of persons from state hospitals to community care and unsupervised living, the increasing ranks of homeless and impoverished persons, and the collaboration between mental health and chemical dependency providers.

In the past, because chemical dependency treatment and psychiatric disability treatment occurred in different settings with different technologies and specializations of health care personnel, these treatments took place sequentially and frequently were contradictory. Therefore, a person who was dually-diagnosed could receive treatment for both chemical dependence and addiction, but these treatments would not take place concurrently, nor be coordinated. These practices of the two systems led to frequent client relapse and contradictory treatment instructions from the two systems to the client and family. Historically, combined treatment did not surface until the mid 1980's.

Another frequent problem (more prevalent in the past but still ongoing) is the difficulty of distinguishing between psychiatric disability and chemical dependency in a client. This occurs mainly because clinicians tend to be trained in one specialty or the other and symptoms mimic and mask one another. For instance, chemical dependency may produce temporary psychoses, hallucinations, paranoia, even suicidal tendencies.

Similarly, psychiatric disability frequently resembles addiction, particularly when the psychotic episode takes place during a period of intoxication. Chemically dependent people frequently experience depression and anxiety as a normal part of withdrawal and adjustment to a life of recovery. For some persons, psychiatric treatment will be necessary. For others, the depression will lift if given time to adjust to the new abstinence lifestyle. Generally, these conditions improve with abstinence and recovery.

Persons who demonstrate addiction have been discriminated against in the psychiatric system, and persons who demonstrate psychiatric symptomatology have been discriminated against in the addiction system. Now, enhanced assessment of clients who are recognized as suffering from dual diagnosis has become available. However, past refusal of treatment and provision of inappropriate treatment to individuals and family members gave rise to the Mentally Ill Chemical Abusers movement.

Denial of the concomitant illnesses continues in both systems. Problems are compounded by misdiagnosis, mistreatment, and myths surrounding the treatment of each disability. There are more relapses with MICA clients, more problems with medication and treatment compliance, and more resistance. Families report that they suffer from a double stigma and strong denial.

Individuals with a lifetime history of psychiatric disability and addiction have elic-

CG0256635

ited adverse public reaction due to homelessness and perceived antisocial acts and bizarre behavior. Therefore, communities have demanded more careful scrutiny of both addiction and psychiatric agencies. However, service agencies are faced with medical and legal conflicts. At times, the treating professional knows that the dual illness is not under control, but, if the client has not done anything to require commitment, treatment is unavailable. Treatment technologies in both systems are changing to accommodate MICA needs. The addiction system has become flexible about participation in formal lectures and acceptance of prescribed medications. The mental health community has become more open-minded about referral to self-help groups and the need for blood, breath or urine testing.

Appropriate differential diagnosis and cross-training of mental health and addiction professionals are essential. At the present time, there are many gaps in the continuum of care. Many treatment services remain inappropriate. MICA clients continue to face discrimination. Agencies protect turf and territoriality depending upon funding streams and technical skills. The costs of mismanagement are enormous. Mental health emergency services see persons who are not in stable recovery from the chemical dependency. Chemical dependency programs experience more relapse because of unstabilized psychiatric disability. Treatment is driven by the therapist's approach and the agency's philosophy rather than client needs.

Nearly ten years ago, a new publication was developed by a team of recovering psychiatrists which addresses the issues of AA and medication. This pamphlet articulates the problem of psychiatrically disabled individuals attending Alcoholics Anonymous and being admonished to cease taking psychotropic and other prescribed medications. The authors emphasize that there is a subset of the MICA population for whom medication is a necessary and helpful adjunct to treatment and that this group should be supported in their recovery process through 12-Step programs. This pamphlet paved the way for the establishment in New Jersey in 1985 of the first specialized self-help group for persons with dual diagnoses.

Today a treatment protocol for the MICA client is emerging. Practitioners agree: (1) both illnesses must be treated concomitantly; (2) the illness that will be given priority is the one that is most florid at the time of admission; (3) stabilization of the psychiatric illness is necessary to deal with the active chemical dependency; and (4) stabilization of the chemical dependency is advised to treat the psychiatric illness.

Family members have organized associations for mutual support and to advocate on behalf of MICA relatives. Renewed attention, funding, and demonstration projects for specialized treatment of this population have resulted. Addressing the service needs of the MICA has brought about an emerging partnership and consensus between the mental health and chemical dependence fields. This is reflected in recent federal legislation (1991) which mandates nondiscrimination in service provision to dually-diagnosed clients in all federally-funded mental health, alcohol, and drug addiction agencies.

REFERENCES

The A.A. member, medications and other drugs: A report from a group of physicians in A.A. (1984). New York, NY: Alcoholics Anonymous World Services, Inc.

Daley, D.C., Moss, H., & Campbell, F. (1987). *Dual disorders: Counseling clients with chemical dependence and mental illness.* Minneapolis, MN: Hazelden.

Evans, K., & Sullivan, J.M. (1990). *Dual diagnosis: Counseling the mentally ill substance abuser.* New York, NY: Guilford Press.

Helzer, J., & Pryzbeck, T.R. (1988). The Co-occurrence of alcoholism with other psychiatric disorder in the general population and its impact on treatment. *Journal of Studies on Alcohol*, 49, 219-224.

National Institute on Alcohol Abuse and Alcoholism. (1990). *Alcohol and health: Seventh special report to the Congress from the Secretary of Health and Human Services.* Washington, DC: U.S. Government Printing Office.

O'Connell, D.F. (Ed.). (1990). *Managing the dually diagnosed patient: Current issues and clinical approaches.* New York, NY: The Haworth Press, Inc.

Office for Treatment Improvement. (1990).*Bibliography of abstracts in coexisting substance abuse and mental disorders.* Rockville, MD.

Reilly, P. (1990). Assessment and treatment of the mentally ill chemical abuser and the family. *Journal of Chemical Dependency Treatment*, 4, 167-178.

Vine, P. (1982). *Families in pain: Children, siblings, spouses and parents of the mentally ill speak out.* New York, NY: Pantheon Books.

Nancy Fiorentino, M.S.W.
is a policy analyst in the Office of Health Policy and Research, NJ Department of Health and co-adjunct faculty at Rutgers University 's Graduate School of Social Work.

Phyllis Reilly, M.A., CADC
is Director of Addiction Recovery Services, Community Mental Health Center, Piscataway, NJ and Associate in Psychiatry, Robert Wood Johnson Medical School, University of Medicine and Dentistry of New Jersey.

The New Jersey Alcohol/Drug Resource Center and Clearinghouse serves institutions of higher education, state agencies, communities, and school districts throughout the state of New Jersey by providing technical assistance, training , and resources in alcohol and other drug abuse education and prevention. For more information on the Clearinghouse, call or write to:

New Jersey Alcohol/Drug Resource Center & Clearinghouse
Center of Alcohol Studies
Smithers Hall-Busch Campus
Rutgers University
Piscataway, NJ 08855-0969
(908) 981 - 0964 FAX (908) 981-8076

© 1992

RUTGERS

CLEARINGHOUSE FACT SHEETS MAY BE REPRODUCED IN ANY QUANTITY FOR EDUCATIONAL USE